

Intravenous Therapy and Protocol Update Course Prerequisites Checklist

PLEASE CONSIDER THE FOLLOWING WHEN SUBMITTING YOUR PREREQUISITES CHECKLIST:

1. Incomplete checklists will not be accepted.
2. All questions must be answered in full and all required documentation must be attached.

IDENTIFYING DATA

Current Date		
JIBC Student Number		
Last Name	First Name	Middle Name(s)

Please check that the following documents are attached:

Photocopy of PCP License (or equivalent)	<input type="checkbox"/>
Completed FIT Test Report (current BCEHS fit test card is acceptable)	<input type="checkbox"/>
Completed Immunization Checklist Form	<input type="checkbox"/>
Proof of submission, e.g. either a screen shot or receipt, of Criminal Record Check (Children and Vulnerable Adults) from the Criminal Records Review Program, Ministry of Justice	<input type="checkbox"/>

I declare that all statements made in this checklist are true and correct and I understand that any misrepresentation of material facts herein may cause forfeiture of my rights to successfully complete the Intravenous Therapy and Protocol Update Course.

X _____
Signature of Applicant
Date

Failure to complete the checklist in full, and submit all documents required, may result in delays in the processing of your checklist. Please note we are unable to return any documents.